

Semen collected before January 1, 1996 can be shipped under the old requirements until April 1, 1996. After April 1, all semen collected will have to meet the new requirements.

JANUARY 1996

U.S. ORIGIN HEALTH CERTIFICATE FOR
EXPORTATION OF BOVINE SEMEN TO SOUTH AFRICA

A. Donor Bull
Name: _____ Breed: _____
Registration No.: _____
Date of Birth: _____
Owner: _____ AI Center: _____

B. Consignor
Name: _____
Address: _____

C. Consignee
Name: _____
Address: _____

D. Description of Semen Covered by This Certificate
Number of Units Dates of Collection Collection Code(s)

E. Health Tests Conducted

The donor bull was subjected to the following tests on the dates indicated with negative results:

1. Tuberculosis: Intradermal tuberculin test within the 12 months preceding semen collection _____
2. Trichomonas fetus: Culture of preputial swabs/washings during the two months immediately preceding date of semen collection
OR within 12 months prior to the collection of semen for export for bulls continuously resident at the AI center for periods longer than two months. _____
3. Campylobacter fetus: Immunofluorescent test **OR** cultural examination of preputial swabs/washings during the two months immediately preceding date of semen collection **OR** within 12 months prior to the collection of semen for export for bulls continuously resident at the AI center for periods longer than two months. _____
4. Leptospirosis: Microtiter agglutination test at 1:400 for L. pomona, L. hardjo, L. icterohemorrhagiae, L. canicola, and L. grippotyphosa within two months preceding semen collection _____ **OR** within 12 months prior to the collection of semen for export for bulls continuously resident at the AI center for periods longer than two months.) _____

OR

The donor animal was injected with a single dose of long acting oxytetracycline at 200 mg/kg body weight at least 14 days prior to collection of the semen for export.
5. Brucellosis: Complement fixation test (CF) at 1:10 dilution or standard tube test or standard plate test at 1:50 dilution within two months preceding semen collection **OR** within 12 months prior to the collection of semen for export for bulls continuously resident at the AI center for periods longer than two months.
6. Johne's Disease: Fecal culture **OR** CF test at 1:8 dilution (within two

7. BVD: Virus isolation test on blood, semen or serum during the preentry quarantine before admitting to the resident herd for persistent BVD virus infection.
8. IBR: SN test at 1:4 dilution during the two months immediately prior to semen collection or within 12 months prior to the collection of semen for export for bulls continuous resident at the A.I. center for periods longer than two months OR virus isolation from blood or serum on the day of semen collection OR virus isolation from semen for export.

1. The semen was collected at an insemination center which is under the control and supervision of a veterinarian accredited by the U.S. Department of Agriculture.
2. No outbreaks of foot-and-mouth disease or vesicular stomatitis have occurred at or within 20 kilometers of the insemination center during the 12 months immediately preceding the semen collection.
3. The animals at the insemination center have not been vaccinated against foot-and-mouth disease within three months preceding semen collection.
4. The donor bulls had been continuously resident at the AI center listed above, or at other such approved AI centers (list below) for a period of at least two months prior to the semen collection, and had not been used for natural mating during that period.

5. The donor bulls were healthy and clinically free from diseases which are transmitted via semen including listeriosis, bovine viral diarrhea (BVD)/mucosal disease, Johne's disease, infectious bovine rhinotracheitis (IBR)/infectious pustular vulvovaginitis (IPV), enzootic bovine leukosis, and pyogenic infections.
6. The United States is free of bovine spongiform encephalopathy.
7. The semen is adequately, securely, and hygienically packed prior to export.

Endorsing Federal Veterinarian
Name: _____
Address: _____

Signature: _____
Date: _____